Health Care Eligibility Benefit Inquiry and Response (270/271)
User and Companion Guide for the Extranet

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1 Introduction

1.1 Scope

The purpose of this document is to define the Medicare eligibility inquiry sent from authorized submitters and the corresponding response in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). In order to implement the HIPAA administrative simplification provisions, the 270/271 has been named under 45 CFR 162 as the Electronic Data Interchange (EDI) standard for Health Care Eligibility Benefit Inquiry/Response.

The software is based on the ANSI ASC X12N 270/271 version 004010X092A1 implementation guide that may be found at the following web site: www.wpc-edi.com/HIPAA. The 270/271 is a "paired" transaction (the 270 is an in-bound eligibility inquiry and the 271 is an out-bound eligibility response).

This instructional manual has two purposes. The first purpose is to educate the user on how to access the system. The second purpose is to educate the user on how to send and read eligibility inquiries and responses using the 270/271 formats and convey all Medicare required business rules and information to interpret the information being received.

Providers and Clearinghouses may implement a real-time ANSI ASC X12N 270/271 version 004010X092A1 eligibility inquiry/response to request coverage information from Medicare on patients for whom services are scheduled or services have already been delivered. Providers and Clearinghouses will be referred to as “Trading Partners” throughout this document.

1.2 System Overview

The system will provide access to Medicare beneficiary eligibility data in a real-time environment. In a real-time mode, the Trading Partner transmits a request transaction either directly or through a switch (clearinghouse), and remains connected while the receiver processes the transaction and a response is returned.

Trading Partners will access the CMS Data Center via the CMS AT&T communication Extranet (the Medicare Data Communication Network or MDCN) to send their eligibility request. This Extranet is a secure closed private network currently used to transmit data between Medicare Fee-for-Service (FFS) contractors and CMS.

For a 270 real-time inquiry, the software at the CMS data center will translate the incoming 270, perform validations, request Beneficiary eligibility information from the CMS eligibility database, and create either a 271, 997, TA1 or a proprietary response.

CMS will continue to hold the Clearinghouses responsible for the privacy and security of eligibility transactions sent directly to them from Providers, and requires them to be able to associate each inquiry with a Provider. Provider authentication must be established outside of

the transaction. Trading Partners must not send User IDs and passwords within the 270 eligibility transaction.

2 Electronic Data Interchange (EDI) Registration

2.1 Access Process for Clearinghouses/Provider

In order to obtain access to the CMS 270/271 Medicare Eligibility transaction via the MDCN a Submitter will access the appropriate forms at WWW.CMS.HHS.GOV/IT. The first form to be completed is the TRADING PARTNER AGREEMENT FOR SUBMISSION OF 270s TO MEDICARE ON A REAL-TIME BASIS. This agreement outlines security and privacy procedures for the submitters requesting access to the Medicare beneficiary database.
The submitter must electronically provide the information requested on the form and click on the appropriate assurances. If Submitter does not consent to the terms of the agreement, by appropriately completing the form the access process will be terminated.

If Submitter checks the appropriate boxes of the agreement and supplies the information requested, a copy of the completed electronic form will be electronically submitted to the CMS 270/271 Medicare Eligibility Integration Contractor (MEIC) for security authentication. The access process will then continue, and Submitter will be directed to complete an MDCN connectivity form and submit it electronically in order to be connected to the 270/271 eligibility database.

2.2 Establish Submitter ID

CMS staff will ensure that all of the necessary information is provided on the form, as well as ensure the complete connectivity to the 270/271 application. The MEIC will be responsible for contacting the Trading Partners to authenticate the accessing entity's identity. Once authentication has been completed, the MEIC will provide the Trading Partners with a submitter ID that is required to be used on all 270/271 transactions. Testing will be coordinated by the MEIC. After successful testing, 270 production inquiries may be sent real-time. Please note that in order to access the MDCN, an entity must on its own obtain the necessary telecommunication software from the AT&T reseller.

The current AT&T resellers and contact numbers are listed below:

IVANS: *www.ivans.com*
1-800-548-2675

McKesson: *www.mckesson.com*
1-800-782-7426, option 5, and then key option 8

3 Helpdesk Access and Support

The Medicare Eligibility Customer Service Help Desk will be available from 7:00 AM to 9:00 PM EST, Monday - Friday. The Help Desk is the single point of contact for all questions or concerns about the system.

The Contact Number for Help Desk is 1.866.324.7315.
The email address for the helpdesk is: MCARE@CMS.HHS.GOV

3.1 Testing Requirements

Trading Partners are required to submit test transactions to ensure that their systems creating and transmitting the data are HIPAA and X12 compliant. Each Trading Partner can submit up to 50 test transactions during the testing phase. Trading Partners must call the Help Desk to coordinate test data and testing procedures.

Trading Partners can call the Help Desk for assistance in researching problem transactions. The Help Desk will not edit Trading Partner eligibility data and resubmit transactions for processing.

4 Eligibility Reporting Instructions

The Centers for Medicare and Medicaid Services (CMS) will implement the 270/271 transaction set as a real-time transaction for a single request. The data available through this transaction set will allow a provider to verify an individual's Medicare eligibility and benefits.

Trading Partners and CMS will comply with the following:

- Each transaction will contain only one Patient Request. Each 270 can have only one ISA-IEA, one GS-GE, one ST-SE and a single 2100C subscriber Loop.
- The system will ignore dependent level data if sent with a 270 request and will return response only for the Subscriber level information.
- The system will respond with current eligibility information if no specific date request is made thru the 2100C DTP segment; or if the 2100C DTP03 contains the same date as the system processing date.
- The response is based on information obtained from the CMS database at the time of inquiry and is not considered a guarantee of payment.

4.1 Real Time Communications Transport Protocol

Communications through the Extranet to the CMS data center will be via the TCP/IP streaming socket protocol. Trading Partners can submit multiple 270 transactions without waiting for a response before triggering the next 270. Trading partners must ensure that the session remains connected until all responses are received. Each submitted transmission shall contain one 270 transaction with only one ISA and IEA segment, along with a transmission wrapper around the

270 transaction. The transmission wrapper Header/Trailer has no Segment ID associated with it and requires the length of the transaction message. There will be no handshake after the connection is accepted with the first submitted transmission.

Outbound response transactions will have the same format transmission wrapper. The response to the submitter will be returned in the same session in which the 270 was submitted.

Standard format of the TCP/IP Communication Transport Protocol Wrapper:

SOHLLLLLLLLLLSTX<HIPAA 270 Transaction>ETX

SOH = Required (1 positions), must be EBCDIC or ASCII - 01
LLLLLLLLLL = Required (10 positions), Right justified with zero padded
Note: Length of the HIPAA 270 transaction not including Transmission wrapper data.
STX = Required (1 positions), must be EBCDIC or ASCII - 02
<HIPAA 270 Transaction> = Required (HIPAA 270 – ISA-IEA)
ETX = Required (1 positions), Must be EBCDIC or ASCII -03

Note: For more details about SOH, STX and ETX see the Health Care Eligibility Benefit Inquiry and Response 270/271 ASC X12 Extended Control Set in the ASC X12 Standards for Transactions 270/271 004010X092A1 Implementation Guide.

4.2 Eligibility Search Options

The Subscriber Level (Loop 2100C) must contain the Patient Information to query Medicare eligibility. The following data elements are required to search and identify a Medicare beneficiary:

- Patient's Medicare Number (HIC Number or RRB Number)
- Patient's Full First Name
- Patient's Full Last Name
- Patient's Date of Birth

If all four of these elements are present, a response will be generated if the patient's Medicare number is found in the database. If the patient's Medicare number is not found, or one or more of the above data elements does not match, the system will generate appropriate AAA03 errors in the 271 response.

4.3 Interchange Envelope and Functional Group Structures

Trading partners should follow the Interchange Control Structure (ICS), Functional Group Structure (GS), Interchange Acknowledgement (TA1) and Functional Acknowledgement (997) guidelines for HIPAA in the X12 Implementation Guides in Appendices A and B. Trading partners must also follow the basic character set guidelines as set forth in the implementation guide.

Trading Partners must use the preferred delimiters conveyed to CMS during the EDI Registration process. The system will always construct 270 responses with the delimiters agreed upon during the EDI Registration process.

Trading Partners will receive a 271 2100A AAA03=42 response when the system is unable to process a single transaction in under a minute. If the incoming 270 transaction is not X12 compliant, then the 271 response will return an error.

The following are specific requirements for the ISA and GS Headers:

Segment/ Element	Attributes			Element Name	Instruction
ISA	**Interchange Control Header**				
ISA01	R	ID	2/2	Authorization information Qualifier	00 – no Authorization information must be present in ISA02
ISA02	R	AN	10/10	Authorization information	Blanks
ISA03	R	ID	2/2	Security Information Qualifier	00
ISA05	R	ID	2/2	Interchange ID Qualifier	ZZ – Mutually Defined
ISA06	R	AN	15/15	Interchange Sender ID	Trading Partner Submitter ID
ISA07	R	ID	2/2	Interchange ID Qualifier	ZZ – Mutually Defined
ISA08	R	AN	15/15	Interchange Receiver ID	'CMS '
ISA14	R	ID	1/1	Acknowledgment Requested	0 = No Acknowledgment Requested. CMS will not acknowledge receipt of real time transaction and will process the transaction even if acknowledgement is requested.
GS	**Functional Group Header**				
GS02	R	AN	2/15	Application Sender's Code	Trading Partner Submitter ID
GS03	R	AN	2/15	Application Receiver's Code	CMS

4.3.1 Information Source Level Structures

CMS will be the Information Source for all Medicare Eligibility Transactions. Providers and clearinghouses must submit the BHT03 reference identification to uniquely identify each transaction. Trading partners must follow the specific requirements for the BHT and Information Source:

Loop	Segment Element	Attributes	Element Name	Instruction
Header	**BHT**	**Beginning of Hierarchical Transaction Set Header**		

Loop	Segment Element	Attributes			Element Name	Instruction
Header	BHT02	R	ID	2/2	Transaction Set Purpose Code	All codes are acceptable.
Header	BHT03	R	AN	1/30	Reference Identification	Reference Identification is required for Real-time inquiry.
2100A	**NM1**	**Information Source Name**				
2100A	NM101	R	ID	2/3	Entity Identifier Code	Must submit 'PR' for payer.
2100A	NM102	R	ID	1/1	Entity Type Qualifier	2
2100A	NM103	R	AN	1/35	Last/Organization Name	Organization Name must be 'CMS'
2100A	NM108	R	ID	1/2	Identification Code Identifier	Source Identifier must be 'PI'.
2100A	NM109	R	AN	2/80	Identification Code	Source code must be 'CMS'

4.3.2 Information Receiver Level Structures

Clearinghouses that submit transactions on behalf of the provider must ensure that the correct and validated provider identification is submitted as the Information Receiver. Trading partners must follow the specific requirements for the Information Receiver data:

Loop	Segment Element	Attributes			Element Name	Instruction
2100B	**NM1**	**Information Receiver Name**				
2100B	NM109	R	AN	2/80	Identification Code	Must submit a Medicare Provider Number

4.3.3 Subscriber Level Structures

Trading Partners must ensure that only one patient request is submitted in the Subscriber level for each transaction. Trading partners must follow the specific requirements for the Subscriber Level data:

Loop	Segment Element	Attributes			Element Name	Instruction
2100C	**NM1**	**Subscriber Name**				
2100C	NM103	R	AN	1/35	Subscriber Last Name	Full Last name is required for Beneficiary Identification
2100C	NM104	R	AN	1/25	First Name	Full First name is required for Beneficiary Identification
2100C	NM108	R	ID	1/2	Identification Code Identifier	Subscriber Identifier must be MI.
2100C	NM109	R	AN	2/80	Identification Code	Beneficiary Health Insurance Claim Number (HICN) is required for Beneficiary Search or RRB (Rail Road Beneficiary number). This element must exactly match the

Loop	Segment Element	Attributes			Element Name	Instruction
						ID on the patient's Medicare card.
2100C	**DMG**	**Subscriber Demographic Information**				
2100C	DMG02	R	AN	1/35	Subscriber Date of Birth	Date of Birth is required for Beneficiary Identification.
2100C	**DTP**	**Subscriber Date**				If Subscriber Date is not received, CMS will return the most current eligibility data of the patient, if coverage is indicated.
2100C	DTP01	S	ID	3/3	Date/Time qualifier	All codes are acceptable. The same eligibility data is returned.
2110C	**DTP**	**Subscriber Eligibility Benefit Date**				CMS will not provide specific benefits for corresponding EQ if dates are sent with this loop. All benefits will be provided as of the 2100C DTP requested dates.

4.4 Proprietary Error Messages

Proprietary messages will be sent only when the ISA segment of the 270 cannot be read making it impossible to formulate an ISA segment for a response. The proprietary message will return error codes and description. Trading Partners may contact the Help Desk for assistance with Proprietary Errors. The format for the proprietary message is described below:

Data Element	Description	Size	Comments
Transaction ID	Transaction ID	04 characters	Data content will be "HETS"
Transaction Reference Number	Trace Identification No or (ISA13)	30 characters	Reference Number that Trading Partner can use to call Helpdesk.
Date Stamp	System Date	08 Characters	CCYYMMDD
Time Stamp	System time	09 Characters	HHMMSSSSS
Response Code	Type of Error	02 Characters	See Below
	ISA	" I"	Incoming ISA cannot be read
Message Code	Error Code	08 Characters	Error code
Message Text Description	Error Descriptions	70 Characters	Error description

Proprietary Message Codes and Description

Response Code	Message Code	Message Text Description
I	HTS00101	Transmission Wrapper SOH (hex=01) is invalid or missing

Response Code	Message Code	Message Text Description
I	HTS00102	Transmission Wrapper STX (hex=02) is invalid or missing
I	HTS00103	Transmission Wrapper ETX (hex=03) is invalid or missing
I	HTS00104	Transmission Wrapper Length is missing or not numeric
I	HTS00105	Transmission Wrapper Length does not match 270 transaction length
I	HTS00106	Transmission data is invalid or not ASCII or not EBCDIC
I	HTS00107	HIPAA 270 transaction does not start with ISA (Segment ID)
I	HTS00108	HETS application is unavailable
I	HTS00111	Transmission Inbound Message was empty
I	SBY00500	Inbound e*Xchange general processing error
I	SBY00502	Authorization for this transaction cannot be validated
I	SBY00503	Unable to interpret segment delimiter

4.5 Eligibility Response 271 Transaction Set Data Clarifications

The system will return eligibility information for a patient that has active Medicare Part A and/or Part B coverage. The ISA envelope will be formatted based on the information provided during the EDI Agreement and Registration process.

4.5.1 Security and Validation Edits

The system will validate that the Clearinghouse or Provider has been established in the Trading Partner Management System prior to processing the 270 transaction. If Trading Partner (ISA06) cannot be validated, the system will return a proprietary message that states "Authorization for this transaction cannot be validated".

Trading Partners may not send transactions to be executed as Production (ISA15=P), until Testing has been accomplished and approval to submit production transaction has been given. The system will return a TA105=020 Error for Invalid Test Indicator Value.

4.5.1 Information Source and Receiver Level data

The system will return only one Transaction Set Header for each eligibility response. Trading Partners will receive the following AAA03 codes for Source and Receiver errors:

Loop	Element Name	Instructions	Element Name
2100A	AAA01 Yes/No Condition	AAA03 Reject Reason Code	AAA04 Follow up Action
2100A	N	04 – when 270 contains more than one beneficiary request (ST – SE) or; when 270 contains more than one 2100C Subscriber loop.	C
2100A	Y	42 – When the system is unable to	R

		respond due to: • System is unavailable • Unable to format a response to the Trading Partner within 60 seconds • System hardware or software component(s) have failed • Databases have failed to respond	
2100A	N	79 – When 2100A NM109 Source identification is other than 'CMS'.	C
2100A	N	T4 - when 2100A NM109 or NM103 is missing data for Information Source.	C
2100B	N	43 – When 270 is missing the 2100B NM109 for Provider Identification.	C

4.5.2 Subscriber Level data

The system will return only one Subscriber Level detail for each eligibility response. The system will use all four search criteria elements Patient Medicare Number, Patient Last Name, Patient First Name and Patient Date of Birth to match a beneficiary record on the database.

The system will return the 2100C REF Segment from the 270 where REF01=EJ and REF02=Patient Account Number. REF03, description for the account, will not be returned even if sent on the 270 transaction.

The system will return the beneficiary address only if it is available in the CMS Eligibility database.

The system does not require the gender field to complete a Subscriber search; however, if sent in a 270 transaction gender is a verified field and could cause transactions to reject. Trading Partners will receive the following AAA03 codes for Subscriber errors:

Loop	Element Name	Instructions	Element Name
2100C	AAA01 Yes/No Condition	AAA03 Reject Reason Code	AAA04 Follow up Action
2100C	N	56 – When the DTP start and end dates are invalid.	C
2100C	N	58 – When the 270 2100C DMG02 element is missing Subscriber DOB.	C
2100C	N	63 - When the 270 2100C DTP03 element date(s) is in the future.	C

2100C	N	64 – When the 270 2100C NM109 element is missing the Subscriber ID.	C
2100C	N	65 – When the 270 2100C NM103 element is missing the Subscriber last name or; does not match the Beneficiary Last name on the database.	C
2100C	N	65 – When the 270 2100C NM104 element is missing the Subscriber first name or; does not match the Beneficiary First name on the database.	C
2100C	N	66 – When the 270 2100C DMG03 Subscriber Gender code does not match the Beneficiary Gender code on the database.	C
2100C	N	67 – When the 270 2100C NM109 Subscriber ID cannot be found in the Beneficiary database or HICN is inactive.	C
2100C	N	71 - When the 270 2100C DMG02 Subscriber DOB does not match the Beneficiary DOB on the database.	C

4.5.3 Subscriber Eligibility Benefit Information

The system will return a core set of eligibility information for all Service Type Codes; or if Service Type Code is not provided on the 270 transaction.

The system will return additional eligibility information along with the core eligibility data for certain Service Type Codes. See Appendix 'B' for Service Type Codes that will return additional eligibility information on the 271.

The system will accept multiple Service Type Codes on a 270 transaction. The system will return one core set of eligibility data with EB03=30 when multiple Service Type Codes are sent requesting same core eligibility information. The system will return multiple EB loops based on based on the Type of Service Code request.

The system will return an EB01=6 for inactive beneficiary if the Subscriber is ineligible based on the following conditions:

- The beneficiary in the database does not have any entitlement information.
- The beneficiary has been determined to be an unlawful resident in the United States.
- The beneficiary has been deported from the United States.
- The beneficiary has been incarcerated and therefore not eligible for Medicare.
- The beneficiary is deceased and therefore not eligible for Medicare.

The system will return current eligibility information when no specific date request has been made on the 270 transaction (thru 2100C DTP03 date).

271 Response Data Elements

If no service type codes are contained on the 270 transaction, or if a service type code is submitted in a 270 that does not trigger additional Medicare data elements, the following data elements will be returned in the 271 as applicable:

271 INFORMATION RETURNED	LOOP	SEGMENT	ELEMENT	DATA VALUE
Part A/B Entitlement/Term Dates	2110C	EB	EB01 EB02 EB04	1 IND MB or MA
	2110C	DTP	DTP01 DTP02 DTP03	307 RD8 or D8 Date(s)
Beneficiary Address	2100C	N3 N4	N301 N302 N401 N402 N403	Address Address City State Code ZIP Code
Deductible - Part B	2110C	EB	EB01 EB03 EB04 EB06 EB07	C 96 MB 29 Amount
	2110C	DTP	DTP01 DTP02 DTP03	292 RD8 Applicable Calendar Year
MCO Data	2110C	EB	EB01 EB03 EB04	R 30 HN
	2110C	REF	REF01 REF02	18 MCO ID
	2110C	DTP	DTP01 DTP02 DTP03	290 RD8 or D8 Date(s)
	2120C	NM1	NM101	PRP

			NM102 NM103	2 Insurer Name
	2120C	N3	N301 N302	Address Address
	2120C	N4	N401 N402 N403	City State Code ZIP Code
MSP Data	2110C	EB	EB01 EB02 EB03 EB04	R Ind 30 12, 13, 14, 15, 16, 41, 42, 43, 47
	2110C	REF	REF01 REF02	IG Policy Number
	2110C	DTP	DTP01 DTP02 DTP03	290 RD8 or D8 Date(s)
	2120C	NM1	NM01 NM102 NM103	PRP 2 Name
	2120C	N3	N301 N302	Address Address
	2120C	N4	N401 N402 N403	City State Code ZIP Code
Home Health Data	2110C	EB	EB01 EB03 EB04 EB06	X 42 MA 26
	2110C	DTP	DTP01 DTP02 DTP03	193 or 194 D8 Date(s)
	2110C	MSG	MSG01	HHEH Start Date HHEH End Date HHEH DOEBA HHEH DOLBA

Appendix A Service Type Codes – Additional Data

If one or more of the following service type codes are submitted in a 270, the following additional data elements will be returned in the 271, as applicable.

Service Type Code	LOOP	SEGMENT	ELEMENT	DATA VALUE
14	2110C	EB	EB01 EB03 EB04	D 14 MB
	2110C	DTP	DTP01 DTP02 DTP03	356 D8 Date
	2110C	DTP	DTP01 DTP02 DTP03	198 D8 Date
	2120C	MSG	MSG01	Transplant Discharge Date
15	2110C	EB	EB01 EB03 EB04	D 15 MA
	2110C	DTP	DTP01 DTP02 DTP03	356 D8 Date
	2110C	DTP	DTP01 DTP02 DTP03	198 D8 Date
	2120C	MSG	MSG01	Transplant Discharge Date
42	2110C	EB	EB01 EB03 EB04	X 42 MA
	2120C	NM1	NM101 NM102 NM103 NM108 NM109	PR 2 Name of RHHI PI 00011, 00180, 00380, 00450, 00454
	2120C	PRV	PRV01 PRV02 PRV03	HH 9K Provider number
47	2110C	EB Part A Deductible	EB01 EB03	C 47

			EB04	MA
			EB06	29
			EB07	Amount
		DTP		
		Hospital Admission	DTP01	435
			DTP02	RD8
			DTP03	Dates
	2110C	EB	EB01	F
		Hospital Days Remaining	EB03	47
			EB04	MA
			EB06	29
			EB09	DY
		DTP	EB10	Days
		Hospital Admission		
			DTP01	435
			DTP02	RD8
			DTP03	Dates
	2110C	EB	EB01	A
		Co-Insurance Days	EB03	47
		Remaining	EB04	MA
			EB06	29
			EB07	Amount Per Day
			EB09	DY
			EB10	Days
		DTP		
		Hospital Admission	DTP01	435
			DTP02	RD8
			DTP03	Dates
	2110C	EB	EB01	K
		Lifetime Reserve Days	EB03	47
			EB04	MA
			EB06	33
			EB09	LA
			EB10	Days
AG	2110C	EB	EB01	F
		Hospital Days Remaining	EB03	47
			EB04	MA
			EB06	29
			EB09	DY
			EB10	Days
		DTP		
		Hospital Admission	DTP01	435

			DTP02 DTP03	RD8 Dates
	2110C	EB Co-Insurance Days Remaining DTP Hospital Admission	EB01 EB03 EB04 EB06 EB07 EB09 EB10 DTP01 DTP02 DTP03	A 47 MA 29 Amount Per Day DY Days 435 RD8 Dates
	2110C	EB Lifetime Reserve Days	EB01 EB03 EB04 EB06 EB09 EB10	K 47 MA 33 LA Days
	2110C	EB SNF Days Remaining DTP SNF Admission	EB01 EB03 EB04 EB06 EB09 EB10 DTP01 DTP02 DTP03	F AG MA 29 DY Days 435 RD8 Dates
	2110C	EB Co-Insurance SNF Days Remaining DTP SNF Admission	EB01 EB03 EB04 EB06 EB07 EB09 EB10 DTP01 DTP02 DTP03	A AG MA 29 Amount Per Day DY Days remaining 435 RD8 Dates